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## Short Form
### Return of Organization Exempt From Income Tax

**Form 990-EZ**

**Department of the Treasury**
**Internal Revenue Service**

**Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

- For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

### Part I
#### Revenue, Expenses, and Changes in Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>$20,825</td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td>$20,699</td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td>$4</td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td>$1</td>
</tr>
<tr>
<td>5b</td>
<td>Less - cost or other basis and sales expenses</td>
<td>$20</td>
</tr>
<tr>
<td>5c</td>
<td>Gain (loss) from sale of assets other than inventory</td>
<td>$6</td>
</tr>
<tr>
<td>6</td>
<td>Special events and activities (attach schedule). If any amount is from gambling, check here</td>
<td>$</td>
</tr>
<tr>
<td>7a</td>
<td>Gross sales of inventory</td>
<td>$126</td>
</tr>
<tr>
<td>7b</td>
<td>Less - cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (attach schedule)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>STMT 2</td>
<td>$</td>
</tr>
<tr>
<td>10</td>
<td>Grants and similar amounts paid</td>
<td>$350</td>
</tr>
<tr>
<td>11</td>
<td>Benefits paid to or for members</td>
<td>$</td>
</tr>
<tr>
<td>12</td>
<td>Salaries, other compensation, and employee benefits</td>
<td>$3,135</td>
</tr>
<tr>
<td>13</td>
<td>Professional fees and other payments to independent contractors</td>
<td>$2,500</td>
</tr>
<tr>
<td>14</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>$</td>
</tr>
<tr>
<td>15</td>
<td>Printing, publications, postage, and shipping</td>
<td>$</td>
</tr>
<tr>
<td>16</td>
<td>Other expenses (describe)</td>
<td>$13,885</td>
</tr>
<tr>
<td>17</td>
<td>Total expenses (add lines 10 through 16)</td>
<td>$19,870</td>
</tr>
</tbody>
</table>

### Part II
#### Balance Sheets

If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>$26,164</td>
<td>$27,079</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe)</td>
<td>$26,164</td>
<td>$27,079</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>$26,084</td>
<td>$27,039</td>
</tr>
</tbody>
</table>

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

Form 990-EZ (2004)
UNITED BROTHERHOOD OF CARPENTERS
LOCAL 193

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Part III | Statement of Program Service Accomplishments (See page 41 of the instructions)

What is the organization’s primary exempt purpose? LABOR UNION

Describe what was achieved in carrying out the organization’s exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 TO ORGANIZE ALL WORKERS FOR THE ECONOMIC, MORA L AND SOCIAL ADVANCEMENT OF THEIR CONDITION AND STATUS.

(Grants $ 28a

29

(Grants $ 29a

30

(Grants $ 30a

31 Other program services (attach schedule)

(Grants $ 31a

32 Total program service expenses (add lines 28a through 31a)

$ 0.

Part IV | List of Officers, Directors, Trustees, and Key Employees

(A) Name and address

(B) Title and average hours per week devoted to position

(C) Compensation (If not paid, enter "0")

(D) Contributions to employee benefit plans & deferred compensation

(E) Expense account and other allowances

See Statement 3

1,785.

Part V | Other Information (Note the attachment requirement in General Instruction V, page 14.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity...

X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a certified copy of the changes...

X

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

X

b If "Yes," has it filed a tax return on Form 990-T for this year?

N/A

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)

X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions...

37a

38 Did the organization file Form 1120-POL for this year?

X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

X

39b Gross receipts, included on line 9, for public use of club facilities...

39b

40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:

section 4911 N/A section 4912 N/A section 4955 N/A

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation...

N/A

c Amount of tax imposed on organization managers or disqualified persons during the year under 4956, 4955, and 4958...

N/A

d Enter. Amount of tax on line 40c, above, reimbursed by the organization...

N/A

41 List the states with which a copy of this return is filed...

INDIANA

42 The books are in care of...

DANIEL GARCIA

Telephone no.

(317) 783-1391

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

43

N/A

Please Sign Here

Name of officer...

Daniel Garcia

Financial Secretary

Date 10-25-05

Preparer's Signature...

LEGOY PROFESSIONALS LLP

Firm's name (or yours if self-employed)

Date 10-10-05

Check if self-employed...

Preparer's SSN or EIN...

32-0043599

Preparer's Use Only

32 N LASALLE STREET, SUITE 4200

CHICAGO, ILLINOIS 60602

4234310-13-05
UNITED BROTHERHOOD OF CARPENTERS LOCAL 1

FORM 990-EZ  OTHER EXPENSES  STATEMENT 1

DESCRIPTION  AMOUNT

OFFICE EXPENSE AND SUPPLIES  121.
PAYROLL TAXES  151.
PER CAPITA TAXES  6,444.
MEMBER MERCHANDISE  6,056.
MEETING EXPENSE  1,113.

TOTAL TO FORM 990-EZ, LINE 16  13,885.

FORM 990-EZ  CASH GRANTS AND ALLOCATIONS  STATEMENT 2

CLASSIFICATION  DONOR'S NAME  DONOR'S ADDRESS  DONOR'S RELATIONSHIP  AMOUNT

CALVERRY TEMPLE  
IHSF SCHOLARSHIP

TOTAL INCLUDED ON FORM 990-EZ, LINE 10  350.

FORM 990-EZ  PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES  STATEMENT 3

NAME AND ADDRESS  TITLE AND AVRG HRS/WK  COMPENSATION  EMPLOYEE BEN PLAN CONTRIBUTION  EXPENSE ACCOUNT

MARK MCGRIFF  PRESIDENT - PAST PART TIME  0.  0.  0.
GERALD MAGEE  VICE PRESIDENT - PAST PART TIME  0.  0.  0.
ROB STEVENS  FIN. SEC/TREASURER - PAST PART TIME  0.  0.  0.
RAYMOND GILBRECH  RECORDING SECRETARY - PAST PART TIME  0.  0.  0.
TOM WHITAKER  TRUSTEE - PAST PART TIME  0.  0.  0.
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Hours</th>
<th>Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUSTIN BROWNING</td>
<td>TRUSTEE - PAST</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DUKE TOM</td>
<td>TRUSTEE - PAST</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>CHARLIE GRISSON</td>
<td>WARDEN - PAST</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>JOHN MARTINEZ</td>
<td>CONDUCTOR - PAST</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>JUAN DE MORENO</td>
<td>TRUSTEE - NEW</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>FEDERICO LARA</td>
<td>TRUSTEE - NEW</td>
<td>180.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>ADAM JOHNSON</td>
<td>WARDEN - NEW</td>
<td>135.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>MARTIN SILVA</td>
<td>CONDUCTOR - NEW</td>
<td>180.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>JOSHUA FELTON</td>
<td>TRUSTEE - NEW</td>
<td>135.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>MICHAEL NORTON</td>
<td>VICE PRESIDENT - NEW</td>
<td>135.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>FRANK WILSON</td>
<td>PRESIDENT - NEW</td>
<td>180.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DANIEL GARCIA</td>
<td>FIN. SEC/TREASURER - NEW</td>
<td>480.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>JUSTIN BROWNING</td>
<td>RECORDING SECRETARY - NEW</td>
<td>180.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>JOUQUIN PAISANO</td>
<td>TRUSTEE - NEW</td>
<td>180.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**ALL THE ABOVE MAY BE CONTACTED AT**

**THE ADDRESS OF THE ORGANIZATION.**

**TOTALS INCLUDED ON FORM 990-EZ, PART IV**

<table>
<thead>
<tr>
<th>Hours</th>
<th>Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,785</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [ ] YES [X] NO